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Fill in this information to identify your ca	ase:	
United States Bankruptcy Court for the: DISTRICT OF MASSACHUSETTS		
Case number (if known):	Chapter you are filing under: Chapter 7 Chapter 11 Chapter 12 Chapter 13	Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together--called a joint case--and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1:	Identify	Yourself

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport).	Catherine First Name A Middle Name	First Name Middle Name
	F	Costa	
	Bring your picture identification to your meeting	Last Name	Last Name
	with the trustee.	Suffix (Sr., Jr., II, III)	Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years	First Name	First Name
	Include your married or	Middle Name	Middle Name
	maiden names.	Last Name	Last Name
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer	xxx - xx - <u>2</u> <u>5</u> <u>2</u> <u>3</u> OR	xxx - xx
	Identification number (ITIN)	9xx - xx	9xx - xx

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Deb	otor 1	Catherine A Costa					Case nu	mber (if known)		
			Abou	ut Debtor 1:			Abo	out Debtor 2 (S	pouse Only ir	n a Joint Case):
4.	and Er	ny business names nd Employer		I have not used a	any busines	s names or EINs	i. 🗖	I have not use	d any busines	s names or EINs.
	(EIN) y	dentification Numbers EIN) you have used in he last 8 years	Busine	ess name			Bus	iness name		
		e trade names and	Busine	ess name			Busi	iness name		
	doing b	ousiness as names	Busine	ess name			Busi	iness name		
			EIN .				EIN	. 		
			EIN .				EIN	_ -		
5.	Where	you live					If D	ebtor 2 lives at	a different ac	ddress:
			151 Numb	Bishops Terracter Street	ce		Nun	nber Street		
			Hyaı	nnis	MA	02601				
			City		State	ZIP Code	City	,	State	ZIP Code
			Barr Count	istable by			Cou	ınty		
			the o	ur mailing addre one above, fill it i will send any not ng address.	n here. No	te that the	fror will	Debtor 2's mailir m yours, fill it it send any notice dress.	n here. Note t	hat the court
			Numb	er Street			Num	mber Street		
			P.O. E	Зох			P.O	. Box		
			City		State	ZIP Code	City	,	State	ZIP Code
6.		ou are choosing strict to file for	Chec	ck one:			Che	eck one:		
	bankrı		_	Over the last 180 petition, I have live than in any other	ed in this d			Over the last 1 petition, I have than in any oth	e lived in this o	-
				I have another re (See 28 U.S.C. §		ain.		I have another (See 28 U.S.C		lain.
Р	art 2:	Tell the Court Ab	out Yo	our Bankrupto	cy Case					
7.	Bankrı	napter of the uptcy Code you		one: (For a brief nkruptcy (Form 20						for Individuals Filing x.
	are ch under	oosing to file	☑ C	hapter 7						
			□ C	hapter 11						
			□ c	hapter 12						
		□ c	hapter 13							

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Deb	Catherine A Costa			Case number (if known)	
8.	How you will pay the fee	co pa	urt for more details about how y with cash, cashier's check, o	file my petition. Please check with the you may pay. Typically, if you are payor money order. If your attorney is subjet a credit card or check with a pre-print pre	ying the fee yourself, you may omitting your payment on your
				ments. If you choose this option, sign e in Installments (Official Form 103A).	and attach the Application for
		By th fe	law, a judge may, but is not r an 150% of the official poverty e in installments). If you choo	d (You may request this option only if required to, waive your fee, and may do a line that applies to your family size an use this option, you must fill out the Application and file it with your petition.	o so only if your income is less and you are unable to pay the
ban	Have you filed for	☑ N)		
	bankruptcy within the last 8 years?	□ Ye	es.		
	·	District		When	Case number
		District		When MM / DD / YYYY	Case number
		District			
10.	Are any bankruptcy	☑ N)		
	cases pending or being filed by a spouse who is	— □ Ye	es.		
	not filing this case with	Debtor		Relations	hip to you
	you, or by a business partner, or by an	District			Case number,
	affiliate?	District		MM / DD / YYYY	
		Debtor		Relations	hip to you
		District		When	Case number,
				MM / DD / YYYY	if known
11.	Do you rent your residence?	□ No		ed an eviction judgment against you?	
			No. Go to line 12.	Statement About an Eviction Judgment	Against You (Form 1014)

and file it as part of this bankruptcy petition.

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Deb	Catherine A Costa			Case number (if k	known)	
Р	art 3: Report About A	ny Busir	esses You Own as a	a Sole Proprietor		
12.	Are you a sole proprietor of any full- or part-time business?		. Go to Part 4. s. Name and location of b	usiness		
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name of business, if any Number Street			
	If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.		Health Care Busi Single Asset Rea Stockbroker (as c	box to describe your business: ness (as defined in 11 U.S.C. § 10 I Estate (as defined in 11 U.S.C. § lefined in 11 U.S.C. § 101(53A)) er (as defined in 11 U.S.C. § 101(6	§ 101(51B))	ode
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a <i>small business</i> debtor?	can set most re	appropriate deadlines. If yeent balance sheet, statem of these documents do no	the court must know whether you you indicate that you are a small be then to f operations, cash-flow state of exist, follow the procedure in 11 thapter 11.	ousiness debtor, you ement, and federal ir	must attach your ncome tax return
	For a definition of small business debtor, see 11 U.S.C. § 101(51D).	☐ No	the Bankruptcy Code. s. I am filing under Chap Bankruptcy Code.	ter 11, but I am NOT a small busin	debtor according to	the definition in the
Р	art 4: Report If You O	wn or H	ave Any Hazardous F	Property or Any Property	That Needs Imm	nediate Attention
14.	Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable	✓ No				
	hazard to public health or safety? Or do you own any property that needs immediate attention?		If immediate attention	is needed, why is it needed?		
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is the property?	Number Street		
				City	State	ZIP Code

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Debtor 1 Catherine A Costa Case number (if known)

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:
You must check one:

✓ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental deficiency that makes me

incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me

to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case): You must check one:

certificate of completion.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me

to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

duty in a military combat zone.

Active duty. I am currently on active military

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Debtor 1 **Catherine A Costa** Case number (if known) Part 6: **Answer These Questions for Reporting Purposes** 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) 16. What kind of debts do you have? as "incurred by an individual primarily for a personal, family, or household purpose." No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. No. Go to line 16c. Yes. Go to line 17. State the type of debts you owe that are not consumer or business debts. 17. Are you filing under Chapter 7? No. I am not filing under Chapter 7. Go to line 18. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and Yes. Do you estimate that after administrative expenses are paid that funds will be available to distribute to unsecured creditors? any exempt property is excluded and $\overline{\mathbf{Q}}$ No administrative expenses are paid that funds will be Yes available for distribution to unsecured creditors? 18. How many creditors do 1-49 1,000-5,000 25,001-50,000 you estimate that you 50-99 5,001-10,000 50,001-100,000 owe? 100-199 10,001-25,000 More than 100,000 200-999 19. How much do you \$0-\$50,000 \$1,000,001-\$10 million \$500,000,001-\$1 billion П estimate your assets to \$50,001-\$100,000 \$10,000,001-\$50 million \$1,000,000,001-\$10 billion be worth? \$100,001-\$500,000 \$50,000,001-\$100 million \$10,000,000,001-\$50 billion $\overline{\mathbf{M}}$ П \$100,000,001-\$500 million \$500,001-\$1 million More than \$50 billion \$500,000,001-\$1 billion 20. How much do you \$0-\$50,000 \$1,000,001-\$10 million estimate your liabilities to \$50,001-\$100,000 \$10,000,001-\$50 million \$1,000,000,001-\$10 billion be?

П

\$50,000,001-\$100 million

\$100,000,001-\$500 million

 $\overline{\mathbf{Q}}$

\$100,001-\$500,000

\$500,001-\$1 million

\$10,000,000,001-\$50 billion

More than \$50 billion

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Debtor 1	Catherine A Costa		Case number (if known)			
Part 7:	Sign Below		· · · · · · · · · · · · · · · · · · ·			
For you		I have examined this petition, and I cand correct.	declare under penalty of perjury that the information provided is tru	ie		
		If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.				
		If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).				
		I request relief in accordance with the	e chapter of title 11, United States Code, specified in this petition.			
			ent, concealing property, or obtaining money or property by fraud in can result in fines up to \$250,000, or imprisonment for up to 20 years, and 3571.			
		X /s/ Catherine A Costa	x			
		Catherine A Costa, Debtor 1	Signature of Debtor 2			
		Executed on 10/24/2019	Executed on			
		MM / DD / YYYY	MM / DD / YYYY			

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Debtor 1	Catherine A Costa		Case number (if know	n)		
represente	not represented by y, you do not need	I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.				
		X /s/ Brian D. Widegren Signature of Attorney for Debtor	Date	10/24/2019 MM / DD / YYYY		
		Brian D. Widegren Printed name Brian D. Widegren Firm Name 72 Route 28- Suite 6 Number Street West Harwich, MA				
		02671				
		City	State	ZIP Code		

Email address brianwidegren@gmail.com

MA

State

Contact phone (508) 432-2600

527150

Bar number

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Fill in this information	on to identify yo	our case and this filing:		
Debtor 1 Cather First Nam		Costa Name Last Name		
Debtor 2 (Spouse, if filing) First Nam	ne Middle	Name Last Name		
United States Bankruptcy	Court for the: DIST	RICT OF MASSACHUSETTS		
Case number (if known)				if this is an ded filing
Official Form 106A Schedule A/B: Pro				12/15
the asset in the category visiting together, both are edsheet to this form. On the	vhere you think it fi ually responsible f top of any addition	e items. List an asset only once. If ts best. Be as complete and accur or supplying correct information. I al pages, write your name and cas	ate as possible. If two married po If more space is needed, attach a e number (if known). Answer eve	eople are separate ery question.
1. Do you own or have a No. Go to Part 2. Yes. Where is the		le interest in any residence, buildir	ng, land, or similar property?	
1.1. 4 Town Hall Rd. Street address, if available, or oth	er description	What is the property? Check all that apply. Single-family home	Do not deduct secured cla amount of any secured cla Creditors Who Have Clain	
	· 	Duplex or multi-unit building Condominium or cooperative	Current value of the entire property?	Current value of the portion you own?
	MA 02666 tate ZIP Code	☐ Manufactured or mobile home ☐ Land	\$422,958.00	\$211,350.00
Barnstable County		Investment property Timeshare Other	Describe the nature of you interest (such as fee sim entireties, or a life estate	ple, tenancy by the
County		Who has an interest in the propert Check one.	y? Tenant in Common	
		Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and a	Check if this is comm (see instructions)	nunity property
		Other information you wish to add property identification number:	about this item, such as local	_

\$211,350.00

Add the dollar value of the portion you own for all of your entries from Part 1, including any

entries for pages you have attached for Part 1. Write that number here.....

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Deb	tor 1	Catherine A	Costa Case number (if known	n)
P	art 2:	Describe	Your Vehicles	
			re legal or equitable interest in any vehicles, whether they are registered or not drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and	
3.	Cars, v	ans, trucks, tr	actors, sport utility vehicles, motorcycles	
	✓ No ☐ Yes	S		
١.			notor homes, ATVs and other recreational vehicles, other vehicles, and accessorers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessor	
	✓ No Yes			
5.			of the portion you own for all of your entries from Part 2, including any I have attached for Part 2. Write that number here	→ \$0.00
P	art 3:	Describe	Your Personal and Household Items	
Do :	you own	or have any l	egal or equitable interest in any of the following items?	Current value of the portion you own? Do not deduct secured claims or exemptions.
S .		nold goods and es: Major appl	d furnishings iances, furniture, linens, china, kitchenware	
	☐ No ✓ Yes	s. Describe	See continuation page(s).	\$728.00
7.	Electro Exampl	es: Television	s and radios; audio, video, stereo, and digital equipment; computers, printers, scann ections; electronic devices including cell phones, cameras, media players, games	ers;
	✓ No ☐ Yes	s. Describe		
3.	Exampl	•	nd figurines; paintings, prints, or other artwork; books, pictures, or other art objects; n, or baseball card collections; other collections, memorabilia, collectibles	
	☐ No ✓ Yes	s. Describe	TV & Copier	\$70.00
) .			s and hobbies otographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, sid kayaks; carpentry tools; musical instruments	kis;
	☐ No ✓ Yes	s. Describe	Bike \$100 Tent \$25	\$125.00
0.	Firearm Exampl		es, shotguns, ammunition, and related equipment	
	✓ No	. Describe		

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Deb	tor 1 Catherine A	Costa	Case number (if known)	
11.		othes, furs, leather coats, designer wear, s	shoes, accessories	
	☐ No ☑ Yes. Describe	Clothes		\$200.00
12.	Jewelry Examples: Everyday je gold, silver	welry, costume jewelry, engagement rings	, wedding rings, heirloom jewelry, watches, gems,	•
	No Yes. Describe			
13.	Non-farm animals Examples: Dogs, cats,	birds, horses		•
	✓ No✓ Yes. Describe			
14.	Any other personal an	d household items you did not already	list, including any health aids you	1
	✓ No ☐ Yes. Give specific			1
	information			
15.		f all of your entries from Part 3, includin	ng any entries for pages you have	\$1,123.00
P	art 4: Describe	our Financial Assets	•	
		gal or equitable interest in any of the fo	llowing?	Current value of the portion you own? Do not deduct secured claims or exemptions.
16.	Cash Examples: Money you petition	nave in your wallet, in your home, in a safe	e deposit box, and on hand when you file your	
	No Yes		Cash:	
17.		avings, or other financial accounts; certific ouses, and other similar institutions. If yo st each.		
	□ No ☑ Yes	Institution name:		
	17.1. Checking	account: Checking account - Se	amen's Bank emding 3546	\$31.29
	17.2. Checking	account: Checking account - Cit	izens Bank ending 6903-0	\$128.90
18.		or publicly traded stocks investment accounts with brokerage firms	s, money market accounts	
	✓ No Yes	Institution or issuer name:		

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Deb	tor 1 Catherine A Cos	ta	Ca	ase number (if known)	
19.	Non-publicly traded stock an interest in an LLC, part		incorporated and unincorporated busi t venture	inesses, including	
	No Yes. Give specific information about them	Name of entity:		% of ownership:	
20.	Negotiable instruments incl	ude personal chec	er negotiable and non-negotiable instruks, cashiers' checks, promissory notes, anot transfer to someone by signing or de	and money orders.	
	No Yes. Give specific information about them	Issuer name:			
21.	Retirement or pension acc Examples: Interests in IRA, profit-sharing pla	, ERISA, Keogh, 4	01(k), 403(b), thrift savings accounts, or	other pension or	
	✓ No Yes. List each account separately.	Гуре of account:	Institution name:		
22.		posits you have m	ade so that you may continue service or d rent, public utilities (electric, gas, wate		
	No Yes		Institution name or individual:		
23.			payment of money to you, either for life o	or for a number of years)	
24.	Interests in an education I 26 U.S.C. §§ 530(b)(1), 529		t in a qualified ABLE program, or und	er a qualified state tuition pro	ogram.
	☑ No		and description. Separately file the reco	ords of any interests. 11 U.S.C.	§ 521(c)
25.	powers exercisable for yo		erty (other than anything listed in line	∍ 1), and rights or	
	NoYes. Give specific information about them				
26.			rets, and other intellectual property; proceeds from royalties and licensing a	greements	
	No ☐ Yes. Give specific information about them				
27.	Licenses, franchises, and	other general int	angibles es, cooperative association holdings, liqu	uor licenses, professional licen	ses
	✓ No ✓ Yes. Give specific			-	
	information about them				

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Deb	tor 1	Catherine A Costa	Case number (if known)		
Mon	ey or	property owed to you?			Current value of the portion you own? Do not deduct secured claims or exemptions.
28.	Tax r	efunds owed to you			
	✓ N □ Y a y	-		Federal State:	:
29.		ly support nples: Past due or lump sum al	limony, spousal support, child support, maintenance, divorce settlement	, property	settlement
			A.I.		
	Цľ	es. Give specific information	Alimony:		
			Maintenan	ice:	
			Support:		
			Divorce se	ettlement:	
			Property s	ettlement	:
30.	Exam	· · · · · · · · · · · · · · · · · · ·	u insurance payments, disability benefits, sick pay, vacation pay, workers ecurity benefits; unpaid loans you made to someone else	s'	
31.	Exam	for the insurance of the company of each policy	insurance; health savings account (HSA); credit, homeowner's, or renter or sample of the company name:		nce rrender or refund value:
32.	If you		e you from someone who has died trust, expect proceeds from a life insurance policy, or are currently someone has died		
		lo 'es. Give specific information			
33.	Exan	nples: Accidents, employment	her or not you have filed a lawsuit or made a demand for payment disputes, insurance claims, or rights to sue		
	_	lo 'es. Describe each claim	Interest in possible claim regarding internal bleeding, poten caused by Zerelto	ntially	Unknown
34.	rights	s to set off claims	d claims of every nature, including counterclaims of the debtor and		
		lo 'es. Describe each claim			
35.	-	financial assets you did not a	lready list		
		lo 'es. Give specific information			

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Deb	otor 1	Catherine A Costa	Cas	se number (if known)	
36.			ntries from Part 4, including any entries for pag		\$160.19
Pa	art 5:	Describe Any Business	-Related Property You Own or Have a	ın Interest In. List any	real estate in Part 1.
37.	☑ No.	own or have any legal or equ Go to Part 6. Go to line 38.	uitable interest in any business-related proper	ty?	
20	Accoun	nts receivable or commission	a vay alroady garned		Current value of the portion you own? Do not deduct secured claims or exemptions.
JU.		NS receivable of commission	s you alleauy earlieu		
	✓ No Yes	s. Describe			
39.		equipment, furnishings, and s les: Business-related computer desks, chairs, electronic de	rs, software, modems, printers, copiers, fax mach	nines, rugs, telephones,	l
	✓ No ☐ Yes	s. Describe			
40.	Machir	ery, fixtures, equipment, sup	plies you use in business, and tools of your tr	rade	
	✓ No ☐ Yes	s. Describe]
41.	Invento	ory			•
	✓ No ☐ Yes	s. Describe			
42.	Interes	ts in partnerships or joint ven	ntures		
	✓ No ☐ Yes	s. Describe Name of entity:	:	% of ownership:	
43.	Custon	ner lists, mailing lists, or othe	er compilations		
	▼ No □ Yes	S. Do your lists include person No Yes. Describe	onally identifiable information (as defined in 11	U.S.C. § 101(41A))?]
44.	Any bu	siness-related property you o	did not already list		
	✓ No	s. Give specific information.			
45.			ntries from Part 5, including any entries for pag	ges you have	\$0.00

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Deb	otor 1	Catherine A Costa	Case number (if known)
P		Describe Any Farm- and Commercial Fishing-Related If you own or have an interest in farmland, list it in Part 1.	d Property You Own or Have an Interest In.
46.	Do you	u own or have any legal or equitable interest in any farm- or comme	nercial fishing-related property?
		o. Go to Part 7. es. Go to line 47.	
			Current value of the portion you own? Do not deduct secured claims or exemptions.
47.	Farm a Examp	animals bles: Livestock, poultry, farm-raised fish	
	☑ No		
	☐ Ye	98	
48.	Crops-	either growing or harvested	
		es. Give specific formation	
49.	Farm a	and fishing equipment, implements, machinery, fixtures, and tools	s of trade
	▼ No □ Ye	98	
50.	Farm a	and fishing supplies, chemicals, and feed	
	✓ No ☐ Ye	95	
51.	Any fa	arm- and commercial fishing-related property you did not already lis	list
		o es. Give specific formation	
52.		he dollar value of all of your entries from Part 6, including any entriented for Part 6. Write that number here	
P	art 7:	Describe All Property You Own or Have an Interest in	n That You Did Not List Above
53.		u have other property of any kind you did not already list? bles: Season tickets, country club membership	
	✓ No ☐ Ye	os. Give specific information.	
54.	Add th	ne dollar value of all of your entries from Part 7. Write that number	r here

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Debtor 1 **Catherine A Costa** Case number (if known) Part 8: List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2...... \$211,350.00 56. Part 2: Total vehicles, line 5 \$0.00 57. Part 3: Total personal and household items, line 15 \$1,123.00 58. Part 4: Total financial assets, line 36 \$160.19 59. Part 5: Total business-related property, line 45 \$0.00 60. Part 6: Total farm- and fishing-related property, line 52 \$0.00 61. Part 7: Total other property not listed, line 54 \$0.00 Copy personal 62. Total personal property. Add lines 56 through 61..... \$1,283.19 \$1,283.19 property total \$212,633.19 63. Total of all property on Schedule A/B. Add line 55 + line 62.....

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Debtor 1 **Catherine A Costa** Case number (if known) Household goods and furnishings (details): **Deck Furniture** \$72.00 **Bedroom 2 Furniture** \$30.00 **Livingroom Furniture** \$145.00 Kitchenware \$260 \$285.00 Bathtowels/rack \$25 Misc outdoor tools \$60 \$196.00 Vacuum, pictures, clock, knick knacks \$71 Fans, A/C \$65

Case 19-13616 Doc 1 Filed 10/24/19 Entered 10/24/19 14:33:50 Desc Main Document Page 18 of 61 Fill in this information to identify your case: Debtor 1 Catherine Costa Middle Name First Name Last Name Debtor 2 (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: **DISTRICT OF MASSACHUSETTS** □ Check if this is an amended filing Case number (if known) Official Form 106C Schedule C: The Property You Claim as Exempt 04/19 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known). For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions--such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds--may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount. Part 1: Identify the Property You Claim as Exempt Check one only, even if your spouse is filing with you. Which set of exemptions are you claiming? You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3) You are claiming federal exemptions. 11 U.S.C. § 522(b)(2) For any property you list on Schedule A/B that you claim as exempt, fill in the information below. Brief description of the property and line on **Current value of** Amount of the Specific laws that allow exemption the portion you Schedule A/B that lists this property exemption you claim Copy the value from Check only one box for Schedule A/B each exemption Brief description: \$211,350.00 \$10,139.00 11 U.S.C. § 522(d)(1) \square 4 Town Hall Rd. 100% of fair market value, up to any Line from Schedule A/B: 1.1 applicable statutory limit Brief description: \$72.00 \square \$72.00 11 U.S.C. § 522(d)(3) **Deck Furniture** 100% of fair market value, up to any Line from Schedule A/B: 6 applicable statutory Are you claiming a homestead exemption of more than \$170,350? (Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)

Official Form 106C

No Yes

☑ No

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

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Debtor 1 Catherine A Costa Case number (if known)

Part 2:	Additional Page			
Brief description of the property and line on Schedule A/B that lists this property		Current value of the portion you own	ount of the mption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	eck only one box for h exemption	
Brief descripti Bedroom 2 Line from <i>Sch</i>	Furniture	\$30.00	\$30.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Brief descripti Livingroom Line from <i>Sch</i>	Furniture	<u>\$145.00</u>	\$145.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Brief descripti Kitchenwar Bathtowels Line from Sch	re \$260 /rack \$25	\$285.00	\$285.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
	or tools \$60 ctures, clock, knick knacks 65	<u>\$196.00</u>	\$196.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Brief descripti TV & Copie Line from Sch	r	\$70.00	\$70.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Brief descripti Bike \$100 Tent \$25 Line from Sch		\$125.00	\$125.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Brief descripti Clothes Line from Sch	ion: hedule A/B: 11	\$200.00	\$200.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
emding 354	ccount - Seamen's Bank	\$31.29	\$31.29 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
6903-0	ion: ccount - Citizens Bank ending hedule A/B: 17.2	\$128.90	\$128.90 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)

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Debtor 1 **Catherine A Costa** Case number (if known) Part 2: **Additional Page** Brief description of the property and line on **Current value of** Amount of the Specific laws that allow exemption Schedule A/B that lists this property the portion you exemption you claim own Copy the value from Check only one box for Schedule A/B each exemption Brief description: Unknown \$0.00 11 U.S.C. § 522(d)(5) Interest in possible claim regarding 100% of fair market internal bleeding, potentially caused by value, up to any applicable statutory Zerelto limit Line from Schedule A/B: 33

Case 19-13616 Doc 1 Filed 10/24/19 Entered 10/24/19 14:33:50 Desc Main Page 21 of 61 Document Fill in this information to identify your case: Debtor 1 Catherine Costa Middle Name First Name Last Name Debtor 2 (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: DISTRICT OF MASSACHUSETTS Check if this is an (if known) amended filing Official Form 106D Schedule D: Creditors Who Have Claims Secured by Property 12/15 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known). Do any creditors have claims secured by your property? No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form. Yes. Fill in all of the information below. Part 1: **List All Secured Claims** List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one Column A Column B Column C creditor has a particular claim, list the other creditors in Part 2. As Amount of claim Value of collateral Unsecured much as possible, list the claims in alphabetical order according to the Do not deduct the that supports this portion creditor's name. value of collateral claim If any Describe the property that 2.1 \$412,819.26 \$211,350.00 \$201,469.26 secures the claim: Mr. Cooper 4 Town Hall Road, Truro, MA Creditor's name 02666 8950 Cypress Waters Blvd Street Number As of the date you file, the claim is: Check all that apply. Contingent Copplee 75019 TX Unliquidated City ZIP Code Disputed Who owes the debt? Check one. Nature of lien. Check all that apply. Debtor 1 only An agreement you made (such as mortgage or secured car loan) Debtor 2 only Statutory lien (such as tax lien, mechanic's lien) Debtor 1 and Debtor 2 only Judgment lien from a lawsuit At least one of the debtors and another Other (including a right to offset) \square Mortgage Check if this claim relates to a community debt Date debt was incurred Last 4 digits of account number 3 4 6 1 Add the dollar value of your entries in Column A on this page. Write

that number here:

\$412,819.26

If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

\$412,819.26

Case 19-13616 Doc 1 Filed 10/24/19 Entered 10/24/19 14:33:50 Desc Main Page 22 of 61 Document Fill in this information to identify your case: Debtor 1 Catherine Costa Middle Name First Name Last Name Debtor 2 (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: DISTRICT OF MASSACHUSETTS Check if this is an (if known) amended filing Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims 12/15 Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Hold Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known). List All of Your PRIORITY Unsecured Claims **Part 1:** Do any creditors have priority unsecured claims against you? No. Go to Part 2. Yes. П List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If more space is needed for priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet. Total claim **Priority** Nonpriority amount amount 2.1 Last 4 digits of account number Priority Creditor's Name When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed City State ZIP Code Who incurred the debt? Check one. Type of PRIORITY unsecured claim: Debtor 1 only Domestic support obligations Debtor 2 only Taxes and certain other debts you owe the government Debtor 1 and Debtor 2 only

At least one of the debtors and another

Is the claim subject to offset?

No Yes

Check if this claim is for a community debt

intoxicated

Other. Specify

Claims for death or personal injury while you were

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Debtor 1 Catherine A Costa	Case number (if known)
Part 2: List All of Your NONPRIORITY	Unsecured Claims
 Yes 4. List all of your nonpriority unsecured claims in If a creditor has more than one nonpriority unsecutype of claim it is. Do not list claims already included in the control of th	Submit this form to the court with your other schedules. In the alphabetical order of the creditor who holds each claim. Bured claim, list the creditor separately for each claim. For each claim listed, identify what lided in Part 1. If more than one creditor holds a particular claim, list the other creditors in insecured claims, fill out the Continuation Page of Part 2.
Cape Cod Hospital Nonpriority Creditor's Name PO Box 55396 Number Street Boston MA 02205 City State ZIP Code Who incurred the debt? Check one. ☑ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? ☑ No	Last 4 digits of account number 4 2 1 Y When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Medical Services
Cape Cod Othopedics Nonpriority Creditor's Name 130 North Street Number Street Hyannis MA 02601 City State ZIP Code Who incurred the debt? Check one. ☑ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset?	\$114.47 Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Medical Services

Mo ☐ Yes Case 19-13616 Doc 1 Filed 10/24/19 Entered 10/24/19 14:33:50 Desc Main Document Page 24 of 61

Debtor 1 Catherine A Costa Case number (if known) Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page After listing any entries on this page, number them sequentially from the **Total claim** previous page. \$2,628.00 9 5 <u>0 4</u> Capital One Bank USA Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? Revolving PO Box 30281 As of the date you file, the claim is: Check all that apply. Number Street Unliquidated Disputed 84130-0218 Salt Lake City UT ZIP Code City State Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify ☐ Check if this claim is for a community debt **Credit Card** Is the claim subject to offset? No. ☐ Yes 4.4 \$2,004.00 Last 4 digits of account number **Chase Card** 5 5 8 7 Nonpriority Creditor's Name When was the debt incurred? Revolving PO Box 15123 Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Wilmington DF 19850 Citv State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify ☐ Check if this claim is for a community debt **Credit Card** Is the claim subject to offset? **☑** No ☐ Yes 4.5 \$50.00 Last 4 digits of account number Comcast 6 2 4 0 Nonpriority Creditor's Name When was the debt incurred? 676 Island Pond Rd. As of the date you file, the claim is: Check all that apply. Number Contingent Unliquidated Disputed 03109-4840 Manchester NH City State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify ☐ Check if this claim is for a community debt Utility Company Is the claim subject to offset? **☑** No Yes

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Debtor 1 Catherine A Costa Case number (if known) Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page After listing any entries on this page, number them sequentially from the **Total claim** previous page. \$1,658.00 Credit One Bank Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? Revolving PO Box 98873 As of the date you file, the claim is: Check all that apply. Number Street Contingent Unliquidated Disputed NV 89193 Las Vegas ZIP Code City State Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify ☐ Check if this claim is for a community debt **Credit Card** Is the claim subject to offset? No. ☐ Yes 4.7 \$160.92 Last 4 digits of account number **Eversource** 0 0 3 0 Nonpriority Creditor's Name When was the debt incurred? P.O. Box 660753 Number As of the date you file, the claim is: Check all that apply. Street Contingent Unliquidated Disputed **Dallas** TX 75266-0753 Citv State Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify ☐ Check if this claim is for a community debt **Utility Company** Is the claim subject to offset? **☑** No ☐ Yes 4.8 \$283.24 Last 4 digits of account number **Eversource** 0 0 1 2 Nonpriority Creditor's Name When was the debt incurred? P.O. Box 250 Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Norwood MA 02062 City State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify ☐ Check if this claim is for a community debt Utility Company Is the claim subject to offset? **☑** No Yes

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Debtor 1 Catherine A Costa Case number (if known) Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page After listing any entries on this page, number them sequentially from the **Total claim** previous page. \$5,300.00 Last 4 digits of account number Fingerhut/Webbank 9 4 2 8 Nonpriority Creditor's Name When was the debt incurred? 6250 Ridgewood Rd As of the date you file, the claim is: Check all that apply. Number Street Unliquidated Disputed Saint Cloud 56303-0820 ΜN City State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify ☐ Check if this claim is for a community debt **Credit Card** Is the claim subject to offset? No. Yes 4.10 \$935.00 **First Premier Bank** Last 4 digits of account number 6 4 6 1 Nonpriority Creditor's Name When was the debt incurred? Revolving 3820 N Louise Ave. As of the date you file, the claim is: Check all that apply. Number Street PO Box 5524 Contingent Unliquidated Disputed Sioux Falls SD 57107-5524 Citv State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify ☐ Check if this claim is for a community debt **Credit Card** Is the claim subject to offset? **☑** No ☐ Yes 4.11 \$1,545.00 First Premier Bank Last 4 digits of account number 4 3 7 9 Nonpriority Creditor's Name When was the debt incurred? 3820 N Louise Ave. Street As of the date you file, the claim is: Check all that apply. Number PO Box 5524 Contingent Unliquidated Disputed Sioux Falls SD 57107-5524 City State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify ☐ Check if this claim is for a community debt Credit Card Is the claim subject to offset? **☑** No Yes

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Debtor 1 **Catherine A Costa** Case number (if known) Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page After listing any entries on this page, number them sequentially from the **Total claim** previous page. 4.12 \$9,600.00 John Clark Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? PO Box 680 As of the date you file, the claim is: Check all that apply. Number Street Contingent Unliquidated Disputed M 02666 Truro ZIP Code City State Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify ☐ Check if this claim is for a community debt Right to receive income form jointly owned propert Is the claim subject to offset? No. Yes 4.13 \$0.00 Last 4 digits of account number Joyce McIntyre, M.D. Nonpriority Creditor's Name When was the debt incurred? 76 Airline Rd. As of the date you file, the claim is: Check all that apply. Number Street Contingent Unliquidated Disputed **South Dennis** 02660 MΔ Citv ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify ☐ Check if this claim is for a community debt **Medical Services** Is the claim subject to offset? **☑** No ☐ Yes 4.14 \$2,103.00 JPMCB Card Services Last 4 digits of account number 6 8 5 1 Nonpriority Creditor's Name When was the debt incurred? PO Box 15369 Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed 19850-5369 Wilmington DE City State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify ☐ Check if this claim is for a community debt Credit Card Is the claim subject to offset? No Yes

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Debtor 1 Catherine A Costa Case number (if known) Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page After listing any entries on this page, number them sequentially from the **Total claim** previous page. 4.15 \$8,270.00 **Lending Club Corporation** Last 4 digits of account number 2 3 9 6 Nonpriority Creditor's Name When was the debt incurred? 11/13/17 21 Stevenson, Suite 300 As of the date you file, the claim is: Check all that apply. Number Street Unliquidated Disputed 94105-2985 San Francisco CA ZIP Code City State Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify ☐ Check if this claim is for a community debt Installment Account Is the claim subject to offset? No. Yes 4.16 \$5,405.00 LVNV Funding LLC Last 4 digits of account number 9 4 2 8 Nonpriority Creditor's Name When was the debt incurred? 200 Meeting Street, Ste #206 As of the date you file, the claim is: Check all that apply. Number Contingent Unliquidated Disputed SC 29601 Greenville Citv State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify ☐ Check if this claim is for a community debt **Purchased Debt** Is the claim subject to offset? **☑** No ☐ Yes 4.17 \$400.00 **Maggie Sawyer** Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 7 Wildwood Path Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed West Yarmouth MA 02673 City State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify Check if this claim is for a community debt Personal Loan Is the claim subject to offset? No Yes

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Debtor 1 Catherine A Costa Case number (if known) Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page After listing any entries on this page, number them sequentially from the **Total claim** previous page. 4.18 \$450.00 Last 4 digits of account number Mason Easy Pay 2 3 0 2 Nonpriority Creditor's Name When was the debt incurred? PO Box 2808 As of the date you file, the claim is: Check all that apply. Number Street Unliquidated Disputed 53566-8008 Monroe WI ZIP Code State City Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify ☐ Check if this claim is for a community debt **Credit Card** Is the claim subject to offset? No. ☐ Yes 4.19 \$580.00 **Masseys** Last 4 digits of account number 2 3 A 2 Nonpriority Creditor's Name When was the debt incurred? PO Box 2822 As of the date you file, the claim is: Check all that apply. Number Street Contingent Unliquidated Disputed WI 53566-8022 Monroe Citv State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify ☐ Check if this claim is for a community debt **Credit Card** Is the claim subject to offset? **☑** No ☐ Yes 4.20 \$1,253.00 Last 4 digits of account number Merrick Bank 8 9 4 7 Nonpriority Creditor's Name When was the debt incurred? Revolving PO Box 9201 Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed 11804-9001 **Old Bethpage** NY State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify Check if this claim is for a community debt Credit Card Is the claim subject to offset? **☑** No Yes

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Debtor 1 Catherine A Costa Case number (if known) Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page After listing any entries on this page, number them sequentially from the **Total claim** previous page. \$400.00 Last 4 digits of account number Mongomery ward 1 2 9 0 Nonpriority Creditor's Name When was the debt incurred? 1112 7th Avenue As of the date you file, the claim is: Check all that apply. Number Street Unliquidated Disputed Monroe WI 53566-1364 ZIP Code State City Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify ☐ Check if this claim is for a community debt **Credit Card** Is the claim subject to offset? No. ☐ Yes 4.22 \$1,750.00 Last 4 digits of account number Stoneberry 2 3 C 2 Nonpriority Creditor's Name When was the debt incurred? PO Box 2820 As of the date you file, the claim is: Check all that apply. Number Contingent Unliquidated Disputed WI 53566-8020 Monroe Citv State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify ☐ Check if this claim is for a community debt **Credit Card** Is the claim subject to offset? **☑** No ☐ Yes 4.23 \$3,162.00 **Toyota Financial Services** Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 2/22/2016 PO Box 9786 Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed 52409-0004 Cedar Rapids IA City State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify ☐ Check if this claim is for a community debt Auto Lease Is the claim subject to offset? No Yes

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Debtor 1 **Catherine A Costa** Case number (if known) Part 3: List Others to Be Notified About a Debt That You Already Listed Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional parties to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. Gragil Associates, Inc. On which entry in Part 1 or Part 2 did you list the original creditor? Name Line 4.1 of (Check one): Part 1: Creditors with Priority Unsecured Claims 29 Winter St. Number Street Part 2: Creditors with Nonpriority Unsecured Claims PO Box 1010 Last 4 digits of account number MA 02359 Pembroke City State ZIP Code On which entry in Part 1 or Part 2 did you list the original creditor? Michael A. Kelly, Esq. Line 4.12 of (Check one): Part 1: Creditors with Priority Unsecured Claims Kelly, Souza, Rocha & Parmenter, P.C Number Street Part 2: Creditors with Nonpriority Unsecured Claims 98 Front St., 2nd Floor

Last 4 digits of account number

New Bedford

MA

State

02740

ZIP Code

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Debtor 1	Catherine A Costa	Case number (if known)	
		· , , —	

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

				Total claim
Total claims from Part 1	6a.	Domestic support obligations	6a.	\$0.00
	6b.	Taxes and certain other debts you owe the government	6b.	\$0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d. -	\$0.00
	6e.	Total. Add lines 6a through 6d.	6d.	\$0.00
				Total claim
Total claims from Part 2	6f.	Student loans	6f.	\$0.00
	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. 🕇	\$48,201.63
	6j.	Total. Add lines 6f through 6i.	6j.	\$48,201.63

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		Dc	cument Pa	<u>ae 33 of</u> 61	
Fill in this	information to id	dentify your case			
Debtor 1	Catherine	Α	Costa		
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse, if fili	ng) First Name	Middle Name	Last Name		
United States	Bankruptcy Court for	the: DISTRICT OF	MASSACHUSETT	rs	
Case number				_	
(if known)					ck if this is an ended filing
Official Fo	rm 106G				
		Contracts an	d Unexpired	l eases	12/15
			•	together, both are equally responsib	
No. 0 ✓ Yes. List separis for (for executory	Check this box and fil Fill in all of the informately each person or example, rent, vehic contracts and unexpi	nation below even if the company with who cle lease, cell phone) red leases.	ourt with your other so ne contracts or leases on you have the con . See the instructions	chedules. You have nothing else to reps are listed on Schedule A/B: Property (atract or lease. Then state what each is for this form in the instruction booklet	Official Form 106A/B). contract or lease for more examples of
		hom you have the co	ontract or lease	State what the contract or lease	is for
Name	table Housing Aut	thority		_ Residential lease Contract to be ASSUMED	
146 So Number	outh St. Street			_	
Hyanr City	nis	MA State	02601 ZIP Code	- -	
	a Financial Servic	es		_ Vehicle lease	
	ng Team			Contract to be ASSUMED —	
	Street ox 9786			_	
<u>Cedar</u> City	Rapids	IA State	52409-0004 ZIP Code	_	

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			Do	cument	<u>Page 34 of</u>	61		
	Fill in this inf	ormation to id	entify your case					
	Debtor 1	Catherine First Name	A Middle Name	Costa Last Name				
	Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name				
	United States Bar	nkruptcy Court for	the: DISTRICT OF	MASSACHUSE	TTS			
	Case number (if known)				_	1	Check if this is an amended filing	
_	O4: a: a! F a ===	40011						
(Official Form	106H						
3	Schedule H:	Your Code	btors					12/1
C tv	Codebtors are peo wo married peop needed, copy the	ople or entities wl le are filing togeth Additional Page, f	ho are also liable for her, both are equally	responsible for er the entries in t	supplying corth	rect information. le left. Attach the	Additional Page to this	12/1
C t n	Codebtors are peo wo married peop needed, copy the page. On the top	ople or entities wl le are filing togeth Additional Page, f	ho are also liable for her, both are equally fill it out, and numbe	responsible for er the entries in t ame and case no	supplying cor the boxes on th umber (if know	rect information. ne left. Attach the n). Answer every	If more space is Additional Page to this	12/1
C t n	Codebtors are per wo married people eeded, copy the page. On the top Do you have No Yes Within the last	ople or entities will are filing togeth Additional Page, of any Additional any codebtors?	ho are also liable for her, both are equally fill it out, and numbe Pages, write your no (If you are filing a joi	responsible for er the entries in to ame and case no int case, do not li-	supplying corrithe boxes on the boxes on the umber (if known st either spouse ute or territory?	rect information. le left. Attach the n). Answer every as a codebtor.)	If more space is Additional Page to this question.	
C t n	Codebtors are per wo married people leeded, copy the page. On the top Do you have No Yes Within the last include Arizon No. Go t Yes. Did	ople or entities while are filing togeth Additional Page, for any Additional any codebtors? Set 8 years, have yours, California, Idahoto line 3.	ho are also liable for her, both are equally fill it out, and numbe Pages, write your no (If you are filing a join ou lived in a commu	responsible for er the entries in t ame and case no int case, do not lis nity property sta , New Mexico, Pu	supplying core the boxes on the umber (if known st either spouse the or territory? Herto Rico, Texa	rect information. the left. Attach the n). Answer every as a codebtor.) (Community props, Washington, and	If more space is Additional Page to this question.	
C t n	Codebtors are per wo married people eded, copy the bage. On the top Do you have No Yes Within the last include Arizon No. Go t No. Go t No. Yes.	ople or entities while are filing togeth Additional Page, of any Additional any codebtors? St 8 years, have you, a, California, Idahoto line 3. If your spouse, form	ho are also liable for her, both are equally fill it out, and numbe Pages, write your na (If you are filing a joi ou lived in a commu- o, Louisiana, Nevada her spouse, or legal e	responsible for er the entries in tame and case no int case, do not list nity property sta , New Mexico, Pu	supplying corrected boxes on the boxes on the umber (if known st either spouse atte or territory? Herto Rico, Texanor you at the time	rect information. the left. Attach the n). Answer every as a codebtor.) (Community prop s, Washington, and	If more space is Additional Page to this question.	

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

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Document Page 35 of 61 Fill in this information to identify your case: Catherine Debtor 1 Costa First Name Middle Name Last Name Check if this is: Debtor 2 An amended filing (Spouse, if filing) First Name Middle Name Last Name A supplement showing postpetition United States Bankruptcy Court for the: DISTRICT OF MASSACHUSETTS chapter 13 income as of the following date: Case number (if known) MM / DD / YYYY Official Form 106I Schedule I: Your Income 12/15 Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: **Describe Employment** Fill in your employment information. Debtor 2 or non-filing spouse Debtor 1 If you have more than one **Employed Employed Employment status** job, attach a separate page with information about Not employed Not employed additional employers. Occupation Include part-time, seasonal, or self-employed work. Employer's name Occupation may include **Employer's address** student or homemaker, if it Number Street Number Street applies. City State Zip Code City Zip Code How long employed there? Part 2: **Give Details About Monthly Income** Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filing spouse List monthly gross wages, salary, and commissions (before all 2. \$539.76 payroll deductions). If not paid monthly, calculate what the monthly wage would be. Estimate and list monthly overtime pay. 3. \$0.00

Calculate gross income. Add line 2 + line 3. \$539.76

Deb	otor 1 Catherine A Costa		Case nur	mber (if known)	
			For Debtor 1	For Debtor 2 or non-filing spouse	
	Copy line 4 here	4.	\$539.76		
5.	List all payroll deductions:				
	5a. Tax, Medicare, and Social Security deductions	5a.	\$94.37		
	5b. Mandatory contributions for retirement plans	5b.	\$0.00		
	5c. Voluntary contributions for retirement plans	5c.	<u>\$0.00</u>		
	5d. Required repayments of retirement fund loans	5d.	\$0.00		
	5e. Insurance	5e.	\$0.00		
	5f. Domestic support obligations	5f.	\$0.00		
	5g. Union dues 5h. Other deductions.	5g.	\$0.00		
	Specify:	5h.•	+\$0.00		
6.	Add the payroll deductions. Add lines $5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h$.	6.	\$94.37		
7.	Calculate total monthly take-home pay. Subtract line 6 from line 4.	. 7.	\$445.39		
8.	List all other income regularly received:				
	8a. Net income from rental property and from operating a business, profession, or farm	8a.	\$0.00		
	Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.				
	8b. Interest and dividends	8b.	\$0.00		
	8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive	8c.	\$21.33		
	Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.				
	8d. Unemployment compensation	8d.	\$0.00		
	8e. Social Security	8e.	\$1,290.00		
	8f. Other government assistance that you regularly receive				
	Include cash assistance and the value (if known) or any non- cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.				
	Specify:	8f.	\$0.00		
	8g. Pension or retirement income	— 8g.	\$0.00		
	8h. Other monthly income.	og.	Ψ0.00		
	Specify: Rental Income	8h.	+ \$1,600.00		
9.	Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9.	\$2,911.33		
10.	Calculate monthly income. Add line 7 + line 9.	10.	\$3,356.72	+ =====================================	\$3,356.72
. • •	Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.			T	40,000.72
11.	State all other regular contributions to the expenses that you list in Include contributions from an unmarried partner, members of your house friends or relatives.	ehold, y	our dependents, you		
	Do not include any amounts already included in lines 2-10 or amounts the	at are	not available to pay e	expenses listed in Sche	dule J.
	Specify:			11. +	\$0.00
12.	Add the amount in the last column of line 10 to the amount in line 11 income. Write that amount on the Summary of Your Assets and Liabilitie if it applies.				\$3,356.72 Combined monthly income
13.	Do you expect an increase or decrease within the year after you file	this fo	orm?		
	 No. ✓ Yes. Explain: Loss of rental income, as of November 1, 20 Loss of child support, as of May 2019, due to Loss of seasonal employment, as of October 	o chile	d turning 18.	er house (pending fo	oreclosure).

Case 19-13616 Doc 1 Filed 10/24/19 Entered 10/24/19 14:33:50 Desc Main Document Page 37 of 61 Fill in this information to identify your case: Check if this is: Debtor 1 Catherine An amended filing Costa Middle Name First Name Last Name A supplement showing postpetition chapter 13 expenses as of the Debtor 2 following date: (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: DISTRICT OF MASSACHUSETTS MM / DD / YYYY Case number (if known) Official Form 106J Schedule J: Your Expenses 12/15 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: **Describe Your Household** Is this a joint case? No. Go to line 2. Yes. Does Debtor 2 live in a separate household? Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2. Do you have dependents? п Dependent's relationship to Dependent's Does dependent Yes. Fill out this information 囨 Do not list Debtor 1 and Debtor 1 or Debtor 2 live with you? age for each dependent..... Debtor 2. No Grandson $\overline{\mathbf{Q}}$ Yes Do not state the dependents' No names. П Yes No П Yes Nο Yes No Yes Do your expenses include No expenses of people other than Yes yourself and your dependents? Part 2: **Estimate Your Ongoing Monthly Expenses** Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date. Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.) Your expenses \$216.83 The rental or home ownership expenses for your residence. 4. Include first mortgage payments and any rent for the ground or lot. If not included in line 4: Real estate taxes 4a.

4b.

Property, homeowner's, or renter's insurance

4c. Home maintenance, repair, and upkeep expenses

4d. Homeowner's association or condominium dues

\$190.80

4b.

4c.

4d.

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Debtor 1 **Catherine A Costa** Case number (if known) Your expenses Additional mortgage payments for your residence, such as home equity loans 5. 6. **Utilities:** 6a. Electricity, heat, natural gas 6a. \$362.02 6b. Water, sewer, garbage collection 6b. \$30.00 Telephone, cell phone, Internet, satellite, and 6c. \$379.31 cable services 6d. 6d. Other. Specify: Food and housekeeping supplies 7. \$777.27 Childcare and children's education costs 8. 8. Clothing, laundry, and dry cleaning 9. \$113.46 Personal care products and services 10. \$55.00 11. Medical and dental expenses 11. \$99.47 Transportation. Include gas, maintenance, bus or train 12. \$152.72 fare. Do not include car payments. 13. Entertainment, clubs, recreation, newspapers, 13. \$30.00 magazines, and books 14. Charitable contributions and religious donations 14. \$15.00 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15a. 15b. Health insurance 15b. 15c. Vehicle insurance 15c. \$98.17 15d. Other insurance. Specify: 15d. 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. 16. Specify: See continuation sheet \$146.09 17. Installment or lease payments: 17a. Car payments for Vehicle 1 Auto Lease 17a. \$494.54 17b. Car payments for Vehicle 2 17b. 17c. Other. Specify: __ 17c. 17d. Other. Specify: 17d. 18. 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 19. Other payments you make to support others who do not live with you. Specify: 19.

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Debtor 1		Catherine A Costa	Case number (if known	ı)
20.		real property expenses not included in lines 4 or 5 of this form or on dule I: Your Income.		
	20a.	Mortgages on other property	20a.	
	20b.	Real estate taxes	20b.	
	20c.	Property, homeowner's, or renter's insurance	20c.	
	20d.	Maintenance, repair, and upkeep expenses	20d.	
	20e.	Homeowner's association or condominium dues	20e.	
21.	Other	Specify: See continuation sheet	21.	\$325.76
22.	Calcu	late your monthly expenses.	_	
	22a.	Add lines 4 through 21.	22a.	\$3,486.44
	22b.	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2.	22b.	
	22c.	Add line 22a and 22b. The result is your monthly expenses.	22c.	\$3,486.44
23.	Calcu	late your monthly net income.		
	23a.	Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$3,356.72
	23b.	Copy your monthly expenses from line 22c above.	23b. _	\$3,486.44
	23c.	Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c.	(\$129.72)
24.	Do yo	ou expect an increase or decrease in your expenses within the year after you f	ile this form?	
For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?				
No. ✓ Yes. Explain here: See continuation sheet.				

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Catherine A Costa	Case number (if known)
16. Other taxes (details):	****
Excise Tax	\$146.09
	Total: \$146.09
21. Other. Specify:	
Pet Expenses	\$131.04
Grandsons activities	\$54.48
Gifts for holidays/birthdays, etc	\$45.40
Moving Expense	\$88.45
Personal Property Tax	\$6.39
	Total:\$325.76

24. Expected increase or decrease in expenses within the year after you file this form:

Additional rental expense as of September 2019.

Lower utility bills as of November 1, 2019, due to leaving larger house (Pending foreclosure).

Lower Home maintenance expense as of November 1, 2019, due to leaving larger house (Pending foreclosure).

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Fill in this info	Fill in this information to identify your case:						
Debtor 1	Catherine	Α	Costa				
	First Name	Middle Name	Last Name				
Debtor 2							
(Spouse, if filing)	First Name	Middle Name	Last Name				
United States Bankruptcy Court for the: DISTRICT OF MASSACHUSETTS							
Case number (if known)							

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

P	art 1: Summarize Your Assets	
		Your assets Value of what you own
1.	Schedule A/B: Property (Official Form 106A/B)	
	1a. Copy line 55, Total real estate, from Schedule A/B	\$211,350.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$1,283.19
	1c. Copy line 63, Total of all property on Schedule A/B	\$212,633.19
P	art 2: Summarize Your Liabilities	
		Your liabilities Amount you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$412,819.26
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	+ \$48,201.63
	Your total liabilities	\$461,020.89
Р	art 3: Summarize Your Income and Expenses	
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$3,356.72
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$3,486.44

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Deb	otor 1	Catherine A Costa	Case number (if known)	
P	art 4:	Answer These Questions for Administrative and Statist	ical Records	
6.	Are yo	u filing for bankruptcy under Chapters 7, 11, or 13?		
	□ No	 You have nothing to report on this part of the form. Check this box and s 	submit this form to the court with you	ur other schedules.
7.	What k	ind of debt do you have?		
		our debts are primarily consumer debts. Consumer debts are those "incomily, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for stati		personal,
	_	our debts are not primarily consumer debts. You have nothing to report of s form to the court with your other schedules.	on this part of the form. Check this	box and submit
8.		ne Statement of Your Current Monthly Income: Copy your total current me Form 122A-1 Line 11; OR , Form 122B Line 11; OR , Form 122C-1 Line 14.	nonthly income from	\$2,161.09
9.	Copy t	ne following special categories of claims from Part 4, line 6 of Schedul	e E/F:	
			Total claim	
	From F	art 4 on Schedule E/F, copy the following:		
	9a. Do	omestic support obligations. (Copy line 6a.)	\$0.00	<u>)</u>
	9b. Ta	xes and certain other debts you owe the government. (Copy line 6b.)	\$0.00	<u>)</u>
	9c. Cl	aims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$0.00	<u>)</u>
	9d. St	udent loans. (Copy line 6f.)	\$0.00	<u>)</u>
		oligations arising out of a separation agreement or divorce that you did not r ority claims. (Copy line 6g.)	eport as \$0.0 0	<u>)</u>

9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)

9g. Total. Add lines 9a through 9f.

\$0.00

\$0.00

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Out	36 10 10010	Doo 1 Tilet	cument Page	43 of 61
Fill in this info	ormation to ic	lentify your case:		
Debtor 1	Catherine First Name	A Middle Name	Costa Last Name	
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	
United States Bar	nkruptcy Court for	the: DISTRICT OF I	MASSACHUSETTS	
Case number (if known)				Check if this is an amended filing
Official Form				
Declaration	About an Ir	idividual Debt	or's Schedules	12/15
concealing proper \$250,000, or impri	ty, or obtaining i	noney or property by		schedules. Making a false statement, vith a bankruptcy case can result in fines up to 1519, and 3571.
	or agree to pay so	omeone who is NOT	an attorney to help you	ı fill out bankruptcy forms?
☑ No				
Yes. Na	ame of person			Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).
true and corre	ect.	clare that I have read		edules filed with this declaration and that they are
	rine A Costa A Costa, Debtor 1		X Signature of Debte	or 2
Sumonito /	. 55564, 565601 1		Cignature of Debt	

Date 10/24/2019

MM / DD / YYYY

Date

MM / DD / YYYY

Entered 10/24/19 14:33:50 Case 19-13616 Doc 1 Filed 10/24/19 Desc Main Document Page 44 of 61 Fill in this information to identify your case: Debtor 1 Catherine Costa Middle Name First Name Last Name Debtor 2 (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: DISTRICT OF MASSACHUSETTS ☐ Check if this is an (if known) amended filing Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy 04/19 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Give Details About Your Marital Status and Where You Lived Before

	at is your current mari Married Not married	tal sta	tus?						
	ring the last 3 years, he No Yes. List all of the place	•	•			-			
	Debtor 1:				s Debtor 1 there	Debtor :	2:		Dates Debtor 2 lived there
						☐ Sam	ne as Debtor 1		Same as Debtor 1
-	4 Town Hall Rd.			From	1/1/1998	- N	- Otherst		From
	Number Street			To –	10/1/2019	Number -	Street		To
	Truro	MA	02666						
Ī	City	State	ZIP Code	_		City	S	tate ZIP Code	_

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

№ No

Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H).

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Debtor 1 Catherine A Costa Case number (if known)								
Part 2:	Explain the Sources of	Your Income						
Fill in t	Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.							
☑ Ye	es. Fill in the details.							
		Debtor 1		Debtor 2				
		Sources of income Check all that apply.	Gross income (before deductions and exclusions	Sources of income Check all that apply.	Gross income (before deductions and exclusions			
	ary 1 of the current year until	₩ages, commissions,	\$3,238.56	☐ Wages, commissions,				
the date yo	ou filed for bankruptcy:	bonuses, tips Operating a business		bonuses, tips Operating a business				
	t calendar year:	Wages, commissions, bonuses, tips		Wages, commissions, bonuses, tips				
(January 1	to December 31, 2018)	Operating a business		Operating a business				
	endar year before that:	Wages, commissions, bonuses, tips		☐ Wages, commissions, bonuses, tips				
(January 1	to December 31, 2017)	Operating a business		Operating a business				
Includ- unemp	ou receive any other income during the income regardless of whether that bloyment; and other public benefit parambling and lottery winnings. If your 1.	at income is taxable. Example ayments; pensions; rental in	les of other income are ncome; interest; dividen	alimony; child support; Sod ds; money collected from la	awsuits; royalties;			
List ea	ach source and the gross income fro	om each source separately.	Do not include income	that you listed in line 4.				
✓ Ye	es. Fill in the details.							
		Debtor 1		Debtor 2				
		Sources of income Describe below.	Gross income from each source (before deductions and exclusions	Sources of income Describe below.	Gross income from each source (before deductions and exclusions			
From Janu	ary 1 of the current year until	Rental Income	\$12,800.00					
	ou filed for bankruptcy:	Child Support	\$1,216.00					
		Social Security	\$8,877.00					
For the las	t calendar year:	Rental Income	\$19,200.00					
	to December 31, 2018)	Child Support	\$3,328.00					
, ,	, <u>2313 /</u> YYYY	Social Security	\$15,912.00					
For the set	andar vaar hafara that	Rental Income	\$19,200.00					
	endar year before that: to December 31, 2017)	Child Support	\$3,328.00					
(January 1	YYYYY	Social Security	\$15,434.00					
(January 1		Social Security	\$15,434.00					

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Deb	otor 1	Catherine A Costa				Case number (if know	wn)
Р	art 3:	List Certain Paym	nents You Ma	de Before `	You Filed for Ba	nkruptcy	
6.	Are eith	ner Debtor 1's or Debtor	2's debts prima	rily consume	r debts?		
	□ No.	Neither Debtor 1 nor "incurred by an individ	-	-			d in 11 U.S.C. § 101(8) as
		During the 90 days be	efore you filed for	bankruptcy, di	id you pay any credit	or a total of \$6,825*	or more?
		No. Go to line 7.					
		total amount	you paid that cre	ditor. Do not i	total of \$6,825* or n include payments for lude payments to an	domestic support of	bligations, such as
		* Subject to adjustme	nt on 4/01/22 and	every 3 years	after that for cases	filed on or after the o	date of adjustment.
	∀ Yes	5. Debtor 1 or Debtor 2	or both have pr	imarily consu	ımer debts.		
	_	During the 90 days be	efore you filed for	bankruptcy, di	id you pay any credit	or a total of \$600 or	more?
		No. Go to line 7.					
		creditor. Do	not include paym	ents for dome	a total of \$600 or morestic support obligation by for this bankruptcy Total amount	ons, such as child su case. Amount you	•
т	roto Fin	anaial Carviaca		payment	paid \$1,483.62	still owe	□ Mortgago
_	ditor's name	ancial Services •		- 5/9/19	\$1,463.02	\$12,686.00	_
	D. Box 15 ober Stre			- 6/13/19			Credit card
				7/11/19 -			☐ Loan repayment ☐ Suppliers or vendors
	andler	AZ	85244-5012	_			Other
City		State	ZIP Code				
7.	Insiders corporation agent, it such as	tions of which you are an	ny general partne officer, director, ess you operate as ny.	ers; relatives o person in cont	f any general partner rol, or owner of 20%	rs; partnerships of whor more of their votin	e who was an insider? hich you are a general partner; ng securities; and any managing s for domestic support obligations

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Deb	tor 1	Catherine A Costa	Case number (if known)				
8.		1 year before you filed for bankruptcy, did you make any payments or to ed an insider?	ansfer any property on account of a debt that				
	Include payments on debts guaranteed or cosigned by an insider.						
	✓ No ☐ Yes	s. List all payments that benefited an insider.					
Pá	art 4:	Identify Legal Actions, Repossessions, and Foreclosure	s				
9.	List all s	1 year before you filed for bankruptcy, were you a party in any lawsuit, such matters, including personal injury cases, small claims actions, divorces ations, and contract disputes.	· · · · · · · · · · · · · · · · · · ·				
	✓ No ☐ Yes	s. Fill in the details.					
10.	seized,	1 year before you filed for bankruptcy, was any of your property reposs or levied? Ill that apply and fill in the details below.	essed, foreclosed, garnished, attached,				
		Go to line 11. Fill in the information below.					
11.		90 days before you filed for bankruptcy, did any creditor, including a ba s from your accounts or refuse to make a payment because you owed					
	✓ No ☐ Yes	. Fill in the details.					
12.		1 year before you filed for bankruptcy, was any of your property in the րrs, a court-appointed receiver, a custodian, or another official?	oossession of an assignee for the benefit of				
	✓ No ☐ Yes						
Pa	art 5:	List Certain Gifts and Contributions					
13.	Within 2	2 years before you filed for bankruptcy, did you give any gifts with a tot	al value of more than \$600 per person?				
	✓ No ☐ Yes	s. Fill in the details for each gift.					
14.	Within 2 to any o	2 years before you filed for bankruptcy, did you give any gifts or contrib charity?	outions with a total value of more than \$600				
	✓ No ☐ Yes	s. Fill in the details for each gift or contribution.					
Pa	art 6:	List Certain Losses					
15.		1 year before you filed for bankruptcy or since you filed for bankruptcy, isaster, or gambling?	did you lose anything because of theft, fire,				
	✓ No ☐ Yes	s. Fill in the details.					

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Debtor 1		Catherine A Costa	Case number (if known)					
Pa	art 7:	List Certain Payments or Transfers						
16.	anyone	1 year before you filed for bankruptcy, did you or anyone else acting o you consulted about seeking bankruptcy or preparing a bankruptcy p any attorneys, bankruptcy petition preparers, or credit counseling agencies	etition?					
	✓ No ☐ Yes	s. Fill in the details.						
17.		lithin 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to nyone who promised to help you deal with your creditors or to make payments to your creditors?						
	Do not i	Do not include any payment or transfer that you listed on line 16.						
	✓ No ☐ Yes	s. Fill in the details.						
18.		2 years before you filed for bankruptcy, did you sell, trade, or otherwis y transferred in the ordinary course of your business or financial affai						
		both outright transfers and transfers made as security (such as granting of nclude gifts and transfers that you have already listed on this statement.	a security interest or mortgage on your property).					
	✓ No ☐ Yes	s. Fill in the details.						
19.		10 years before you filed for bankruptcy, did you transfer any property a beneficiary? (These are often called asset-protection devices.)	to a self-settled trust or similar device of which					
	✓ No ☐ Yes	s. Fill in the details.						
Pa	art 8:	List Certain Financial Accounts, Instruments, Safe Depo	osit Boxes, and Storage Units					
20.		1 year before you filed for bankruptcy, were any financial accounts or closed, sold, moved, or transferred?	instruments held in your name, or for your					
		checking, savings, money market, or other financial accounts; certificates pension funds, cooperatives, associations, and other financial institutions.	· · · · · · · · · · · · · · · · · · ·					
	✓ No ☐ Yes	s. Fill in the details.						
21.		now have, or did you have within 1 year before you filed for bankruptourities, cash, or other valuables?	ey, any safe deposit box or other depository					
	✓ No ☐ Yes	s. Fill in the details.						
22.	☑ No	ou stored property in a storage unit or place other than your home with Fill in the details.	nin 1 year before you filed for bankruptcy?					

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Deb	otor 1	Catherine A Costa	Case number (if known)					
P	Part 9: Identify Property You Hold or Control for Someone Else							
23.	-	hold or control any property that someone else owns? Include any prin trust for someone.	operty you borrowed from, are storing for,					
	✓ No ☐ Yes	. Fill in the details.						
P	art 10:	Give Details About Environmental Information						
For	the purp	ose of Part 10, the following definitions apply:						
ı	nazardou	nental law means any federal, state, or local statute or regulation cond is or toxic substance, wastes, or material into the air, land, soil, surfac i statutes or regulations controlling the cleanup of these substances, v	e water, groundwater, or other medium,					
		ns any location, facility, or property as defined under any environmen or used to own, operate, or utilize it, including disposal sites.	al law, whether you now own, operate, or					
		us material means anything an environmental law defines as a hazard e, hazardous material, pollutant, contaminant, or similar item.	ous waste, hazardous substance, toxic					
Rep	ort all no	otices, releases, and proceedings that you know about, regardless of	when they occurred.					
24.	Has any law?	y governmental unit notified you that you may be liable or potentially li	able under or in violation of an environmental					
	✓ No ☐ Yes	. Fill in the details.						
25.	•	ou notified any governmental unit of any release of hazardous material	?					
	✓ No ☐ Yes	. Fill in the details.						
26.	Have you	ou been a party in any judicial or administrative proceeding under any	environmental law? Include settlements and					
	✓ No ☐ Yes	. Fill in the details.						

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Deb	otor 1	Catherine A Costa		Case number (if known)
Р	art 11:	Give Details About Your Bus	siness or Connections to A	ny Business
27.	Within busine		cy, did you own a business or hav	ve any of the following connections to any
		A sole proprietor or self-employed in a A member of a limited liability compar A partner in a partnership An officer, director, or managing exect An owner of at least 5% of the voting	ny (LLC) or limited liability partnersh utive of a corporation	ip (LLP)
		None of the above applies. Go to Pars. Check all that apply above and fill in		
28.		2 years before you filed for bankrupt ncial institutions, creditors, or other p		nent to anyone about your business? Include
	□ No □ Yes	s. Fill in the details below.		
Р	art 12:	Sign Below		
tha pro	t answer perty by	s are true and correct. I understand	hat making a false statement, co	s, and I declare under penalty of perjury ncealing property, or obtaining money or 250,000, or imprisonment for up to 20 years,
X	/s/ Cath	erine A Costa	X	
	Catherine	e A Costa, Debtor 1	Signature of Debtor 2	
	Date _	10/24/2019	Date	
Did	you atta	nch additional pages to Your Stateme	nt of Financial Affairs for Individu	als Filing for Bankruptcy (Official Form 107)?
	No Yes			
Did	you pay	or agree to pay someone who is not	an attorney to help you fill out ba	nkruptcy forms?
☑	No			
	Yes. Na	ame of person		Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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F	ill in this inf	ormation to id	entify your case:	cumem	Paue 51 0	01		
D	ebtor 1	Catherine	Α	Costa				
		First Name	Middle Name	Last Name				
	ebtor 2 pouse, if filing)	First Name	Middle Name	Last Name				
Uı	nited States Bar	nkruptcy Court for	the: DISTRICT OF M	MASSACHU	SETTS			
	ase number known)							Check if this is an amended filing
Эf	ficial Form	108						
			or Individuals	Filing U	nder Chapt	er 7		12/15
f ye	ou are an indiv	idual filing under	chapter 7, you must	fill out this fo	orm if:			
-		_	y your property, or					
• ;	you have lease	d personal prope	rty and the lease has	s not expired				
of c	reditors, which		urt within 30 days aft nless the court exter			-		-
		ple are filing togo t sign and date th	ether in a joint case, le form.	both are equa	ally responsible	for supplying corre	ct information	
	-	-	ssible. If more space		attach a separat	e sheet to this form.	On the top o	f any
iac	iitionai pages,	write your name a	and case number (if I	known).				
Р	art 1: Lis	t Your Credito	rs Who Hold Sec	ured Clain	ıs			
١.		tors that you listermation below.	ed in Part 1 of <i>Sched</i>	ule D: Credit	ors Who Hold Cl	aims Secured by Pr	operty (Offici	al Form 106D),
	Identify the c	reditor and the pr	operty that is collate		nat do you intend operty that secu		-	claim the property ot on Schedule C?
	Creditor's name:	Mr. Cooper		∀	Surrender the Retain the prop	property. Derty and redeem it.	□ No □ Yes	
	Description of property		Road, Truro, MA 02	_	Reaffirmation	-		
	securing debt:			L	Retain the prop	perty and [explain]:		
Ρ	art 2: Lis	t Your Unexpi	red Personal Pro	perty Leas	es			
ill i	n the informati	on below. Do no	ty lease that you liste t list real estate lease expired personal pro	es. <i>Unexpire</i>	d leases are leas	ses that are still in e	ffect; the leas	e period has not
	Describe you	r unexpired perso	onal property leases				Will this le	ase be assumed?
	Lessor's name Description of property:		able Housing Autho ntial lease	ority			□ No ☑ Yes	

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De	ebtor 1 <u>Catherine A</u>	Costa	Case number (if known)	
	Describe your unexp	ired personal property leases		Will this lease be assumed?
	Lessor's name: Description of leased property:	Toyota Financial Services Vehicle lease		□ No Yes
	Part 3: Sign Belo	ow		
		ry, I declare that I have indicated my intention a is subject to an unexpired lease.	about any property of my estate th	at secures a debt and
X	/s/ Catherine A Costa	a X		
	Catherine A Costa, Deb	tor 1 Signature of Deb	otor 2	
	Date 10/24/2019	Date		
	MM / DD / YYYY	MM / DD /	YYYYY	

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Document Page 53 of 61 UNITED STATES BANKRUPTCY COURT DISTRICT OF MASSACHUSETTS EASTERN DIVISION

IN RE: Catherine A Costa CASE NO

CHAPTER 7

VERIFICATION OF CREDITOR MATRIX

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date 10/24/20	19 Signatu	re /s/ Catherine A Costa Catherine A Costa
Date	Signatu	re

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Barnstable Housing Authority 146 South St. Hyannis, MA 02601

Cape Cod Hospital PO Box 55396 Boston, MA 02205

Cape Cod Othopedics 130 North Street Hyannis, MA 02601

Capital One Bank USA PO Box 30281 Salt Lake City, UT 84130-0218

Chase Card PO Box 15123 Wilmington, DE 19850

Comcast 676 Island Pond Rd. Manchester, NH 03109-4840

Credit One Bank PO Box 98873 Las Vegas, NV 89193

Eversource P.O. Box 660753 Dallas, TX 75266-0753

Eversource P.O. Box 250 Norwood, MA 02062

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Fingerhut/Webbank 6250 Ridgewood Rd Saint Cloud, MN 56303-0820

First Premier Bank 3820 N Louise Ave. PO Box 5524 Sioux Falls, SD 57107-5524

Gragil Associates, Inc. 29 Winter St. PO Box 1010 Pembroke, MA 02359

John Clark PO Box 680 Truro, MA 02666

Joyce McIntyre, M.D 76 Airline Rd. South Dennis, MA 02660

JPMCB Card Services PO Box 15369 Wilmington, DE 19850-5369

Lending Club Corporation 21 Stevenson, Suite 300 San Francisco, CA 94105-2985

LVNV Funding LLC 200 Meeting Street, Ste #206 Greenville, SC 29601

Maggie Sawyer 7 Wildwood Path West Yarmouth, MA 02673

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Mason Easy Pay PO Box 2808 Monroe, WI 53566-8008

Masseys PO Box 2822 Monroe, WI 53566-8022

Merrick Bank PO Box 9201 Old Bethpage, NY 11804-9001

Michael A. Kelly, Esq. Kelly, Souza, Rocha & Parmenter, P.C 98 Front St., 2nd Floor New Bedford, MA 02740

Mongomery ward 1112 7th Avenue Monroe, WI 53566-1364

Mr. Cooper 8950 Cypress Waters Blvd Copplee, TX 75019

Stoneberry PO Box 2820 Monroe, WI 53566-8020

Toyota Financial Services PO Box 9786 Cedar Rapids, IA 52409-0004

Toyota Financial Services Lending Team PO Box 9786 Cedar Rapids, IA 52409-0004

Case 19-13616 Doc 1 Filed 10/24/19 Entered 10/24/19 14:33:50 Desc Main Document Page 57 of 61 Check one box only as directed in this Fill in this information to identify your case: form and in Form 122A-1Supp: Debtor 1 Catherine Costa Middle Name 1. There is no presumption of abuse. First Name Last Name Debtor 2 2. The calculation to determine if a presumption (Spouse, if filing) First Name Middle Name Last Name of abuse applies will be made under Chapter 7 Means Test Calculation (Official Form 122A-2). United States Bankruptcy Court for the: DISTRICT OF MASSACHUSETTS ☐ 3. The Means Test does not apply now because of qualified military service but it could apply (if known) later. Check if this is an amended filing Official Form 122A-1 **Chapter 7 Statement of Your Current Monthly Income** 10/19 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file Statement of Exemption from Presumption of Abuse Under § 707(b)(2) (Official Form 122A-1Supp) with this form. Part 1: **Calculate Your Current Monthly Income** What is your marital and filing status? Check one only. Not married. Fill out Column A, lines 2-11. Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11. Married and your spouse is NOT filing with you. You and your spouse are: Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11. Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B). Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space. Column A Column B Debtor 1 Debtor 2 or non-filing spouse Your gross wages, salary, tips, bonuses, overtime, and commissions \$539.76 (before all payroll deductions). Alimony and maintenance payments. Do not include payments from a spouse \$21.33 if Column B is filled in.

on line 3.

All amounts from any source which are regularly paid for household

expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed

\$0.00

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Deb	otor 1 Catherine A Costa			с	ase number (if k	nown)
					Column A Debtor 1	Column B Debtor 2 or non-filing spouse
5.	Net income from operating a busine	ess, profession, o	or farm			
		Debtor 1	Debtor 2			
	Gross receipts (before all deductions)	\$0.00		-		
	Ordinary and necessary operating — expenses	\$0.00		- Сору		
	Net monthly income from a business, profession, or farm	\$0.00		here →	\$0.00	
6.	Net income from rental and other re	eal property				
		Debtor 1	Debtor 2			
	Gross receipts (before all deductions)	\$1,600.00		-		
	Ordinary and necessary operating — expenses	\$0.00		- Copy		
	Net monthly income from rental or other real property	\$1,600.00		here →	\$1,600.00	
7.	Interest, dividends, and royalties				\$0.00	
8.	Unemployment compensation				\$0.00	
	Do not enter the amount if you content benefit under the Social Security Act.	Instead, list it here	e: ↓			
	For you			.00_		
9.	Pension or retirement income. Do not was a benefit under the Social Securinext sentence, do not include any concallowance paid by the United States of disability, combat-related injury or discuniformed services. If you received a of title 10, then include that pay only the amount of retired pay to which you wounder any provision of title 10 other the	not include any am ty Act. Also, excep mpensation, pension Government in con- ability, or death of any retired pay paid o extent that it doe ould otherwise be e	nount received that pt as stated in the pon, pay, annuity, onection with a a member of the dunder chapter 61 as not exceed the entitled if retired	r	\$0.00	
10.	Income from all other sources not I amount. Do not include any benefits payments received as a victim of a wainternational or domestic terrorism; or or allowance paid by the United State disability, combat-related injury or discuniformed services. If necessary, list and put the total below.	received under the ar crime, a crime a compensation, pe s Government in c ability, or death of	e Social Security A gainst humanity, on ension, pay, annuit onnection with a a member of the	Act; or		
	Total amounts from separate pages, i	f any.		+		+

Deb	tor 1 Catherine A Costa		Case number (if known)	
	Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to th		Column A Debtor 1 Debtor 2 or non-filing spous \$2,161.09	se \$2,161.09 Total current monthly income
12.	Calculate your current monthly income for the y	vear. Follow these steps:		
	12a. Copy your total current monthly income from	·	Copy line 11 here 👈 1	2a. \$2,161.09
	Multiply by 12 (the number of months in a ye		2	X 12
	12b. The result is your annual income for this par	t of the form.	1:	2b. \$25,933.08
13.	Calculate the median family income that applies	s to you. Follow these steps:		
			1	
	Fill in the state in which you live.	Massachusetts		
	Fill in the number of people in your household.	2		
	Fill in the median family income for your state and size of household		1.	3. \$83,326.00
	To find a list of applicable median income amounts instructions for this form. This list may also be available.		•	
14.	How do the lines compare?			
	14a. Line 12b is less than or equal to line 13 Go to Part 3.	3. On the top of page 1, check	box 1, There is no presumption of abus	e.
	14b. Line 12b is more than line 13. On the to Go to Part 3 and fill out Form 122A-2.	op of page 1, check box 2, The	e presumption of abuse is determined b	y Form 122A-2.
P	art 3: Sign Below			
	By signing here, I declare under penalty of perjury	v that the information on this st	atement and in any attachments is true	and correct
		,	,	
	X /s/ Catherine A Costa Catherine A Costa, Debtor 1	X Sign	nature of Debtor 2	
	Data 40/04/0040	Data		
	Date 10/24/2019 MM / DD / YYYY	Date	MM / DD / YYYY	
	If you checked line 14a, do NOT fill out or file For	rm 122A-2.		
	If you checked line 14b, fill out Form 122A-2 and			

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Debtor 1	Catherine A Costa		Case number (if known)
Part 7:	Sign Below		
For you		I have examined this petition, and I declare and correct.	e under penalty of perjury that the information provided is true
		•	am aware that I may proceed, if eligible, under Chapter 7, 11, 12, derstand the relief available under each chapter, and I choose to
		· · · · · · · · · · · · · · · · · · ·	pay or agree to pay someone who is not an attorney to help me read the notice required by 11 U.S.C. § 342(b).
		I request relief in accordance with the char	oter of title 11, United States Code, specified in this petition.
			ncealing property, or obtaining money or property by fraud in with in fines up to \$250,000, or imprisonment for up to 20 years, at \$571.
		Catherine A Costa, Debtor 1	Signature of Debtor 2
		Executed on 10/24/2019 MM / DD / YYYY	Executed on MM / DD / YYYY

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Debtor 1	Catherine A Costa	Case number (if known)			
For your attorney, if you are represented by one If you are not represented by an attorney, you do not need to file this page.		I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to			
		the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect X Signature of Attorney for Debtor Date 10/24/2019 MM / DD / YYYYY Brian D. Widegren			
		Printed name			
		Brian D. Widegren Firm Name			
		72 Route 28- Suite 6			
		Number Street West Harwich, MA			
		02671			
		City State ZIP Code			
		Contact phone (508) 432-2600 Email address brianwidegren@gmail.com			
		527150 MA Bar number State			